

Appendix D

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Multidisciplinary Team Outcome Evaluation Questionnaires

Child Advocacy Center Team Evaluations

For each of the following questions, using the rating scale to the right of the question, please circle the response that best describes how you feel.

Question	Not at All		Consistently	
1. The team is clear about what it needs to accomplish and unified in its purpose.	1	2	3	4
2. Team members know they need each other to accomplish team goals.	1	2	3	4
3. Team members share values that support the team.	1	2	3	4
4. Team members get and give prompt, direct, reliable, useful feedback.	1	2	3	4
5. All team members participate, contributions are acknowledged, consensus is sought.	1	2	3	4
6. Team members trust each other enough to talk about issues openly and promptly.	1	2	3	4
7. Team members feel a sense of belonging to the team, both emotionally and professionally.	1	2	3	4
8. Members express ideas on both problems and group process.	1	2	3	4
9. Members listen to one another.	1	2	3	4
10. Disagreement is valued and used to improve the performance of the team.	1	2	3	4
11. The leader does not dominate, and the group does not overly depend on the leader.	1	2	3	4
12. Team members celebrate personal and team accomplishments.	1	2	3	4
13. Members possess and consistently use teamwork skills such as problem solving.	1	2	3	4

For each of the following questions, using the rating scale to the right of the question, please circle the response that best describes how you feel.

Question	Not at All		Consistently	
14. Members possess and consistently use teamwork skills such as conflict management.	1	2	3	4
15. Members possess and consistently use teamwork skills such as confrontation.	1	2	3	4
16. Members possess and consistently use teamwork skills such as listening.	1	2	3	4
17. Members possess and consistently use teamwork skills such as validation/supporting.	1	2	3	4
18. Members possess and consistently use teamwork skills such as coordinating.	1	2	3	4

Key Informant Interview Questions

Assessing Interagency Collaboration

Understanding Goals of the Agency Represented by the Key Informant

1. What are the goals of your agency?
2. In your view, how do your agency's goals differ from that of the other agencies in the collaborative system?
3. What effect, if any, does this difference have on service delivery?
4. In what ways are your goals similar? (and/or what are the system goals?)

Roles and Perceptions of the Interagency Collaborative Process

1. What is your agency's role in the collaborative process?
2. Is your agency effective in that role? What makes your agency effective?
3. What ways would you suggest that would improve the effectiveness?
4. What are the roles of the other agencies with which you work closely? Are they effective in their roles?
5. In your view, how do the other agencies see your role? Do they view you as effective in your role?

Focus on Interagency Communication

1. Do you believe that the various agencies (e.g., Children First, Department for Social Services, Commonwealth Attorney's Office) communicate well with each other?
2. How do you communicate your needs to other agencies? (e.g., verbal/written, frequency, kinds of information, etc.)
3. How do other agencies communicate their needs to you? (e.g., verbal/written, frequency, kinds of information, etc.)
4. Is this communication effective? What makes it effective? What would make it more effective?
5. How is a client transferred/referred in and out of your agency? What are the steps involved in this process?

Focus on Agency View on Client as Part of the Collaborative System/Empowerment of the Client

1. How do you involve the client/victim/family in the collaborative process?
2. In your view, do the services provided by the collaborative system empower the client/victim/family? How?
3. In your view, do the services provided by the collaborative system disempower the client/victim/family? How?
4. How could the collaborative system more effectively empower the client/victim/family?

Focus on Interagency Teamwork and Interdependence

1. In what ways does the collaborative system share resources (e.g., staff, training, financial, information, etc.)? How could this process improve?
2. Do you view the other agencies as being emotionally supportive of your agency? In what ways? What would you like to see different?
3. What are the strengths of the services delivered by the collaborative system?
4. What are the weaknesses of the services delivered by the collaborative system?

Focus on Interagency Conflict

1. What are typical kinds of interagency conflicts within the collaborative system?
2. How are these conflicts usually handled (e.g., avoidance, minimizing, power struggle, or systemic examination of the problem)? Are conflicts (inter- or intra-agency) formally documented in any way?
3. How could the management of interagency conflict be improved?

Interagency Collaboration Questionnaire Forms

(Beauchamp, Tewksbury, and Sanford 1997)

As part of an effort to evaluate the interagency collaborative system that addresses and responds to child sexual abuse in our community, we are interested in the perceptions and experiences that the staff of this agency have had with the other agencies in the collaborative system.

For each statement, use the rating scale below to describe how you feel about that statement. For the questions, please provide a brief answer regarding your opinion about the particular issue.

Interagency Collaboration Questionnaire

Question	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
1. Managers of the various agencies meet on a regular basis to discuss cases and other collaboration issues.	1	2	3	4	5	6	7
2. The collaborative agencies involved in addressing child sexual abuse share similar goals.	1	2	3	4	5	6	7
3. There is very little, if any, unnecessary overlap of roles among the various agencies.	1	2	3	4	5	6	7
4. The various collaborative agencies communicate effectively with each other.	1	2	3	4	5	6	7
5. Sufficient training opportunities exist within the collaborative system.	1	2	3	4	5	6	7
6. The services provided by the collaborative system empower the family and victim.	1	2	3	4	5	6	7
7. Victims and families are told what to expect during the investigative, legal, and treatment phases.	1	2	3	4	5	6	7
8. Opportunities for consultation between agencies are sufficient.	1	2	3	4	5	6	7

9. What effect, if any, does this overlap of roles have on service delivery?

10. What effect, if any, do differences in agency goals have on service delivery to victims and families?

11. What are the strengths of the collaborative system?

12. What are the weaknesses of the collaborative system?

13. What would make interagency communication more effective?

14. How could the collaborative system more effectively empower the family of a victim of child sexual abuse?

Child Protective Services Workers

Question	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
15. The CAC and Social/Protective Services readily share case information.	1	2	3	4	5	6	7
16. The CAC and Social/Protective Services communicate effectively with each other.	1	2	3	4	5	6	7
17. The referral process between the CAC and Social/Protective Services is effective.	1	2	3	4	5	6	7

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
18. Case information provided to the CAC by Social/Protective Services is helpful in the treatment planning process.	1	2	3	4	5	6	7
19. The CAC and Social/Protective Services share similar goals.	1	2	3	4	5	6	7
20. When they arise, conflicts between the CAC and Social/Protective Services are usually resolved effectively.	1	2	3	4	5	6	7
21. How could communication between the advocacy center and Social/Protective Services be improved?							
22. What is the role of Social/Protective Services in the collaborative system?							
23. How could conflict resolution between the advocacy center and Social/Protective Services be improved?							

Mental Health Services

Question	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
24. The CAC and treatment agency/agencies readily share case information.	1	2	3	4	5	6	7
25. The referral process between the CAC and the treatment agency/agencies is effective.	1	2	3	4	5	6	7
26. The CAC and the treatment agency/agencies share similar goals.	1	2	3	4	5	6	7

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
27. Conflicts arise between the CAC and the treatment agency/agencies.	1	2	3	4	5	6	7
28. When they arise, conflicts between the CAC and the treatment agency/agencies are usually resolved effectively.	1	2	3	4	5	6	7
29. What is the role of the treatment agency/agencies in the collaborative system?							
30. How could conflict resolution between the CAC and the treatment agency/agencies be improved?							
31. How could communication between the CAC and the treatment agency/agencies be improved?							

Law Enforcement

Question	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
32. The CAC and law enforcement agency/agencies readily share case information.	1	2	3	4	5	6	7
33. The CAC and the law enforcement agency/agencies communicate effectively with each other.	1	2	3	4	5	6	7
34. Case information provided to the CAC by the law enforcement agency/agencies is helpful in the treatment planning process.	1	2	3	4	5	6	7
35. The CAC and the law enforcement agency/agencies share similar goals.	1	2	3	4	5	6	7
36. When they arise, conflicts between the CAC and the law enforcement agency/agencies are usually resolved effectively.	1	2	3	4	5	6	7

37. How could communication between the CAC and the law enforcement agency/agencies be improved?

38. What is the role of the law enforcement agency/agencies in the collaborative system?

39. How could conflict resolution between the CAC and the law enforcement agency/agencies be improved?

Child Advocacy Center Team Meeting Assessment

(CAC, Poughkeepsie, New York)

Please rate the following statements according to the number that best describes your opinion of this meeting.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4
1. The meeting was orderly, with few (if any) side conversations.			
1	2	3	4
2. Cases were discussed clearly and succinctly, with little irrelevant information.			
1	2	3	4
3. Disagreement was accepted without defensive reactions.			
1	2	3	4
4. We demonstrated that we were listening to each other very well.			
1	2	3	4
5. I felt connected to the team process, even when I was not directly involved in the discussion.			
1	2	3	4
6. The meeting was very productive.			
1	2	3	4
7. The meeting was hard to follow due to lack of order and many side conversations.			
1	2	3	4
8. Cases were discussed in a disjointed, lengthy manner with much irrelevant information.			
1	2	3	4
9. Defensive reactions to disagreements blocked team process.			
1	2	3	4
10. We didn't listen to each other very well.			
1	2	3	4
11. I did not feel a part of the team process.			
1	2	3	4
12. The meeting was not at all productive.			
1	2	3	4

**Child Investigative Interview
Outcome Evaluation
Questionnaire**

Assessment of the Interviewer¹

(Newman 1998)

For each item, rate whether you strongly agree, agree, disagree, or strongly disagree with the statement.

Strongly Agree	Agree	Disagree	Strongly Disagree
4	3	2	1

Rapport Building

1. ____ Interviewer started the interview with a statement of date, time, location, and everyone present.
2. ____ Interviewer was able to engage the child to participate in the interview.
3. ____ Interviewer introduced himself/herself to the child and explained his/her role.
4. ____ Interviewer familiarized the child with the purpose of the interview or assessed the child's understanding of the interview.
5. ____ Interviewer addressed the physical surroundings and explained the purpose of the equipment, such as a one-way mirror, to the child.
6. ____ Interviewer answered any questions the child asked.
7. ____ Interviewer told the child he/she was free to ask questions.
8. ____ Interviewer explained documentation and memorialization.
9. ____ Interviewer empowered the child.
10. ____ Interviewer gave the child permission to challenge authority.
11. ____ Interviewer gave the child permission to decline to answer questions the child felt were too difficult or emotionally disturbing.
12. ____ Interviewer instructed the child not to guess.
13. ____ Interviewer encouraged the child to correct or disagree with him/her.
14. ____ Interviewer ascertained the child's understanding of the interview by asking who prepared the child and what they said, and by clarifying misperceptions.
15. ____ Interviewer attempted to evaluate the suggestibility of the child.

1. Videotaped interviews are viewed by coders for the following characteristics in order to assess the skill of the interviewer (see Dr. Bernie Newman at Temple University). There are four potential uses of this instrument: effective feedback training, peer review, assessment of readiness of team member to interview, and confidence building.

Strongly Agree**Agree****Disagree****Strongly Disagree**

4

3

2

1

Developmental Screening/Skills Assessment

16. ____ Interviewer assessed the child's level of functioning and dynamic processes.
17. ____ Interviewer modified and adapted language, tasks, etc., to accommodate the child's abilities.
18. ____ Interviewer framed questions in a developmentally sensitive manner.
19. ____ Interviewer used different types of questions in response to the child's level of functioning.
20. ____ Interviewer engaged in responsive listening by repeating back to the child what the child said.
21. ____ Interviewer assessed the child's ability to tell truth from lies.
22. ____ Interviewer assessed the child's ability to tell real from pretend.
23. ____ Interviewer assessed the child's ability to tell the difference between something that happened versus something made up.
24. ____ Interviewer assessed the child's ability to tell right from wrong.
25. ____ Interviewer used role play to assess the congruency of these concepts.
26. ____ Interviewer used different concepts to assess developmental level and knowledge of truth telling.
27. ____ Interviewer assessed congruency of concepts in a developmentally sensitive manner.

Anatomy Identification

28. ____ Interviewer asked the child to identify sexual and nonsexual body parts.
29. ____ Interviewer explored the concept of good touch versus bad touch.

Elicitation of Abuse-Specific Information

30. ____ Interviewer used a combination of open-ended questions and focused, directed, and structured questions.
31. ____ Interviewer questioned the child using both general questions and specific questions as needed in the interview.
32. ____ Interviewer explored contextual information—what, when, where, how, and who.
33. ____ Interviewer explored situational information.

- | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|--------------|-----------------|--------------------------|
| 4 | 3 | 2 | 1 |
| 34. ____ | | | |
| Interviewer explored multiple versus isolated incidents of abuse. | | | |
| 35. ____ | | | |
| Interviewer explored secondary information about the context in which the abuse occurred (sounds, smells, events that occurred during the abuse). | | | |
| 36. ____ | | | |
| Interviewer explored issues such as coercion, threats, bribes, punishments, and rewards. | | | |
| 37. ____ | | | |
| Interviewer explored the use of pornography, sexual aids, and video equipment. | | | |
| 38. ____ | | | |
| Interviewer explored alternate explanations with the child. | | | |
| 39. ____ | | | |
| Interviewer probed for more detail with nonleading questions. | | | |
| 40. ____ | | | |
| Interviewer asked the child to clarify words or phrases when the meaning was not obvious. | | | |
| 41. ____ | | | |
| Interviewer asked the child how he/she obtained knowledge of different words. | | | |

Closure

42. ____ Interviewer acknowledged the child's participation and effort.
43. ____ Interviewer asked the child if there was anything he/she forgot to ask or anything child would ask if he/she was the interviewer.
44. ____ Interviewer left the door open for possible reinterview.
45. ____ Interviewer gave the child information about possible next steps in the abuse investigation.
46. ____ Interviewer addressed the child's fears, concerns, and issues.
47. ____ Interviewer avoided false hopes by responding truthfully but generally to the child.
48. ____ Interviewer addressed personal safety with the child.

Interviewer Style

49. ____ Interviewer did not initiate physical contact with the child and only touched the child if the child initiated it.
50. ____ Interviewer was relaxed yet alert.
51. ____ Interviewer demonstrated patience with the child and did not rush the child.

- | Strongly Agree | Agree | Disagree | Strongly Disagree |
|-----------------------|--------------|-----------------|--------------------------|
| 4 | 3 | 2 | 1 |
52. ____ Interviewer probed for inconsistencies gently.
53. ____ Interviewer did his/her best to make the child comfortable.
54. ____ Interviewer did not lead the child through nonverbal expressions or body language.
55. ____ Interviewer praised the child in ways that were not leading (i.e., did not praise the child for disclosing but did so for neutral statements).
56. ____ Interviewer was attentive to the needs of the child.
57. ____ Interviewer showed an awareness of how the child was coping with the process and supported the child through the process.

Final Questions

58. What did the interviewer do best in this interview?

59. In what areas could the interviewer show improvement?

Mental Health Services Outcome Evaluation Questionnaires

Assessing Mental Health Services

Focus on Defining Key Informant's Role/Experience at the CAC

1. What is your primary responsibility here at the Child Advocacy Center (CAC)?
2. What are your other responsibilities?
3. On a scale of 1 to 10, what is the typical level of stress you experience in a given week?
4. How do you manage this stress? What is in place here at the CAC to help with this stress?
5. In your view, what makes your experience at this CAC a positive professional experience?
6. What hinders your ability to work effectively in general?
7. What hinders your ability to work effectively clinically?
8. What is your view about the interdisciplinary team at this CAC?
9. What would assist you in improving your utilization of the team?
10. In general, what do you think your clients' perspective is of this CAC? Of you as a professional providing the various services?

Focus on General Management of Clinical Cases

Ask for perspectives (positive/negative) on the service delivery flow, including key components:

11. Receipt of referral
12. Intake
13. Assignment of cases
14. Intervention/service provision
15. Referral out
16. Termination
17. Clinical case reviews
18. Charting/chart reviews
19. Telephone consults
20. On call

Focus on Mental Health Services

21. Who comprises the population that you serve?
22. How do you define who your client is?
23. How do you know when a child/family is in crisis? What is a crisis?
24. What is crisis intervention?
25. How do you know when the crisis has remitted?
26. How does crisis intervention differ from brief or short-term therapeutic services?
27. In your view, what are the critical components of effective intervention?
28. In general, how effective do you feel you are in your interventions, on a scale of 1 to 10? Why?
29. How do you decide when to refer? Not to refer?
30. What is involved in the referral process?
31. How effective is the referral process? What changes would you suggest to make this service component more effective?
32. What is involved in court support? What changes would you suggest to make this service component more effective?
33. What is involved in case management?
34. How effective is case management? What changes would you suggest to make this service component more effective?
35. In your view, how do you differentiate between clinical work and case management?
36. How effective do you feel this CAC is in the provision of clinical services?
37. What would you like to see different in the area of clinical services?

Assessing Supervision

38. What do you consider to be effective supervision? What are the components?
39. What is the system for supervision of cases here at this CAC?
40. How often do you receive supervision? Would you like more or less?
41. How helpful is your supervision to your professional growth? To the clinical management of your cases (interventions and case management)?
42. If there were a system put in place to evaluate supervision, what would you like to suggest be included?

Assessing General Staffing Issues

43. What is the orientation process here at this CAC?
44. What would you add or delete from the orientation process?
45. What types of training are provided by this CAC?
46. How important is training to you on a scale of 1 to 10?
47. What types of training do you need to be more effective in your position? How would they help you?
48. What would you suggest to ensure that training occurs on a regular basis?
49. Are financial resources available for you to receive the ongoing training you need to be effective in your position?
50. What kind of support do you feel from your colleagues? Your supervisor? Office staff? The Board of Directors?
51. What would you suggest be put in place to enhance the support you experience from these entities?
52. How do the office staff (or clinical staff) support you?
53. Do you think the office staff (or clinical staff) understand your position and the associated responsibilities? If not, why?
54. What could enhance your work if done differently by the office staff (or clinical staff)?
55. What are your perceptions of the office staff (or clinical staff) positions?
56. How do you help the office staff (or clinical staff) do their jobs? What could you do differently to help them be more effective in their positions?
57. What impact do you think the office staff (or clinical staff) have on a client? How effective do you think the office staff (or clinical staff) are in this area?

Assessing the Wishes—Developing a Wish List

58. What would you like to discuss that has not been already covered that you feel is important to understanding service delivery and overall CAC functioning?

Mental Health Services—Therapist Form

This family has _____ risk factors, which include:
(number)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Diagnosis: _____

Type of counseling provided to this family (check all that apply):

____ Individual counseling

____ Group counseling

____ Residential program

Length of treatment for this family: _____

Number of referrals for therapy: _____

Child outcomes—Therapist reported

Child Behavior Checklist score: _____

Child Sexual Behavior Inventory score: _____

Therapist's degree: _____

Therapist's training: _____

Form for Clinical Treatment Goals

(Beauchamp, Tewksbury, and Sampson 1997)

Presenting Problem	Goals and Objectives	Estimated Completion Date	Completion Date	Modality and Frequency	Rating

Rating scale: For each goal, rate the level of goal attainment by responding to the statement "I feel that this goal was achieved."

Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6	7

Client/parent signature _____ Date _____

Therapist signature _____ Date _____

Supervisor signature _____ Date _____

Treatment and Outcomes Survey

Case ID# _____

Date _____

Clinical Director _____

- | | | | |
|---|---|---|---|
| 1. Was the victim referred to treatment? | | 5. How long did the victim participate in treatment? | |
| Yes | 1 | NA, victim was not referred | 0 |
| No | 2 | Victim was referred but did not participate | 1 |
| Don't know | 9 | 1 week | 2 |
| 2. How quickly did the victim enter treatment? | | 2 to 5 weeks | 3 |
| NA, victim was not referred | 0 | 6 to 10 weeks | 4 |
| Less than 1 week | 1 | More than 10 weeks | 5 |
| 1 to 2 weeks | 2 | Don't know | 9 |
| 2 to 3 weeks | 3 | 6. What type of treatment was the victim's parent(s) referred to? | |
| More than 3 weeks | 4 | NA, parent(s) was not referred | 0 |
| Don't know | 9 | Individual counseling | 1 |
| 3. What type of treatment was the victim referred to (circle all that apply)? | | Family counseling | 2 |
| NA, victim was not referred | 0 | Parenting classes | 3 |
| Individual counseling | 1 | Child welfare agency/family preservation | 4 |
| Group counseling | 2 | Other _____ | 5 |
| Residential program | 3 | Don't know | 9 |
| Other _____ | 4 | 7. Was the perpetrator referred to treatment? | |
| Don't know | 9 | Yes | 1 |
| 4. Was treatment specifically designed for the victim of sexual abuse? | | No | 2 |
| Yes | 1 | Don't know | 9 |
| No | 2 | | |
| Don't know | 9 | | |

Investigation/Tracking

- | | | | |
|---|---|--|----|
| 8. Was the case investigated by CPS? | | 11. Were criminal charges filed? | |
| Yes | 1 | Yes | 1 |
| No | 2 | No | 2 |
| Don't know | 9 | Don't know | 9 |
| 9. What was the outcome of the CPS investigation (circle all that apply)? | | 12. Type of criminal charges filed? If felony, place 1, 2, or 3 in blank to represent degree. If misdemeanor, place A, B, or C in blank to represent type. | |
| NA, not investigated | 0 | NA, charges were not filed | 0 |
| Substantiated | 1 | Forcible sexual assault | 1 |
| Unable to investigate | 2 | Aggravated sexual abuse | 2 |
| Unfounded | 3 | Rape | 3 |
| Family received voluntary services | 4 | Forcible sodomy | 4 |
| Court ordered services | 5 | Child homicide | 5 |
| Referred to other agency | 6 | Sexual abuse of a child | 6 |
| Child removed from home | 7 | Physical abuse | 7 |
| Other _____ | 8 | Unlawful sexual intercourse | 8 |
| Don't know | 9 | Gross lewdness | 9 |
| 10. What was the outcome of the police investigation? | | Lewdness | 10 |
| Not a police case | 0 | Other _____ | 11 |
| Unfounded | 1 | 13. If case was not filed, why not? | |
| Closed by arrest | 2 | Insufficient evidence | 1 |
| Lack of evidence | 3 | Victim declined to participate | 2 |
| Closed by exception | 4 | Victim unavailable | 3 |
| Closed and cleared | 5 | Perpetrator not identified | 4 |
| Referred to other law enforcement agency | 6 | Statute of limitations expired | 5 |
| Screened with county attorney: | | Victim not qualified | 6 |
| Filed | 7 | Victim inconsistencies | 7 |
| Declined | 8 | Other _____ | 8 |
| Don't know | 9 | | |

- | | | | |
|---|----|---|---|
| 14. Was a conviction obtained? | | 16. What was the final disposition (circle all that apply)? | |
| Yes, perpetrator found guilty | 1 | NA, case was not heard | 0 |
| No, charges were dismissed | 2 | Pending | 1 |
| Not guilty—acquitted | 3 | Held in abeyance | 2 |
| | | Probation | 3 |
| 15. What were the final charges (circle all that apply)? If felony, place 1, 2, or 3 in blank to represent degree. If a misdemeanor, place A, B, or C in blank to represent type. | | Fined | 4 |
| NA, charges were not filed | 0 | State hospital | 5 |
| Forcible sexual assault | 1 | Treatment ordered | 6 |
| Aggravated sexual abuse | 2 | Incarcerated—prison or jail | 7 |
| Rape | 3 | Length of sentence in months: _____ | |
| Forcible sodomy | 4 | Diverted with other conditions | 8 |
| Child homicide | 5 | Other _____ | 9 |
| Sexual abuse of a child | 6 | 17. What was the final outcome for the victim? | |
| Physical abuse | 7 | Victim held in protective supervision | 1 |
| Unlawful sexual intercourse | 8 | Custody to child welfare agency | 2 |
| Gross lewdness | 9 | Return home | 3 |
| Lewdness | 10 | Other _____ | 4 |
| Other _____ | 11 | | |

Client Outcomes Reporting Form

(TEDI BEAR: The Children's Advocacy Center)

Child's name _____

Child's date of birth _____

Child's date of entry _____

Child Behavior Checklist (for all clients)

CBC Scale	Base-line	Date		3-month	Date		6-month	Date	
	Raw score	Percentile	T score	Raw score	Percentile	T score	Raw score	Percentile	T score
Withdraws									
Internalizing									

Adult-Adolescent Parenting Inventory

	Date: Baseline		Date: Pre-Parent Class		Date: Post-Parent Class	
	Raw score	Standard score	Raw score	Standard score	Raw score	Standard score
Inappropriate expectations						

Date of educational session: _____

Educational materials/handouts used:

_____ Touch coloring book

_____ Talk about sex

Child development:

- ☐ Mental health
☐ Rules
☐ Parent pressures
☐ Ages birth–3
☐ Self-esteem
☐ Kids Count on You
☐ Ages 2–6
☐ Myths/misconceptions
☐ Effects of abuse
☐ Ages 5–12
☐ Teen years

Other _____

Trauma Symptom Checklist for Children

Category	Date: Baseline		Date: 6 months	
	Raw score	T score	Raw score	T score
Underresponse				

Initial and Discharge Diagnostic Assessment Form

Client name _____

Case number _____

Date of birth _____

Age _____

Initial Diagnostic Assessment

Date _____

Axis	DSM-IV Diagnostic Classification	Code

Discharge Assessment

Date _____

Axis	DSM-IV Diagnostic Classification	Code

Client name _____ Case number _____

Diagnostic Summary

(List identified issues/behavior that support the Axis I and Axis II diagnosis and provide clinical impressions.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Therapist signature _____ Date _____

Clinical supervisor signature _____ Date _____

Client name _____ Case number _____

Axis IV: Psychosocial and Environmental Problem

For each category below, identify each problem and rate at initial diagnostic assessment and discharge.

1. Problems With Primary Support Group

A. _____

At initial assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

At discharge assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

B. _____

At initial assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

At discharge assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

2. Problems Related to the Social Environment

A. _____

At initial assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

At discharge assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

B. _____

At initial assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

At discharge assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

3. Emotional Problems

A. _____

At initial assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

At discharge assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

B. _____

At initial assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

At discharge assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

4. Occupational Problems

A. _____

At initial assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

At discharge assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

B. _____

At initial assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

At discharge assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

5. Economic Problems

A. _____

At initial assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

At discharge assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

B. _____

At initial assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

At discharge assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

6. Problems Related to Legal System Involvement

A. _____

At initial assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

At discharge assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

B. _____

At initial assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

At discharge assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

7. Problems Related to Access to Health Care

A. _____

At initial assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

At discharge assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

B. _____

At initial assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

At discharge assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

8. Housing Problems

A. _____

At initial assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

At discharge assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

B. _____

At initial assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

At discharge assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

9. Educational Problems

A. _____

At initial assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

At discharge assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

B. _____

At initial assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

At discharge assessment:

Not a problem	1	2	3	4	5	6	7	Major problem
----------------------	---	---	---	---	---	---	---	----------------------

Axis V**Global Assessment Functioning Scale**

A. Current rating at time of initial clinical assessment: _____

B. Current rating at time of discharge: _____

Social and Occupational Functioning Assessment Scale

A. Current rating at time of initial clinical assessment: _____

B. Current rating at time of discharge: _____

Medical Examination Outcome Evaluation Questionnaires

Assessing Medical Services

Focus on Defining Key Informant's Role/Experience at the Child Advocacy Center (CAC)

1. What is your primary responsibility here at the CAC?
2. What are your other responsibilities?
3. On a scale of 1 to 10, what is the typical level of stress you experience in a given week?
4. How do you manage this stress? What is in place here at the CAC to help with this stress?
5. In your view, what makes your experience at this CAC a positive professional experience?
6. What hinders your ability to work effectively in general?
7. What hinders your ability to work effectively medically?
8. What is your view about the interdisciplinary team at this CAC?
9. What would assist you in improving your utilization of the team?
10. In general, what do you think your clients' perspective is of this CAC? Of you as a professional providing the various services?

Focus on General Management of Medical Cases

Ask for perspectives (positive/negative) on the service delivery flow, including key components:

11. Receipt of referral
12. Intake
13. Assignment of cases
14. Intervention/service provision
15. Referral out
16. Termination
17. Medical case reviews
18. Charting/chart reviews
19. Telephone consults
20. On call

Focus on Medical Services

21. Who comprises the population that you serve?
22. How do you define who your client is?
23. In your view, what are the critical components to effective intervention?
24. In general, how effective do you feel you are in your interventions on a scale of 1 to 10? Why?
25. How do you decide when to refer? Not to refer?
26. What is involved in the referral process?
27. How effective is the referral process? What changes would you suggest to make this service component more effective?
28. What is involved in court support? What changes would you suggest to make this service component more effective?
29. What is involved in case management?
30. How effective is case management? What changes would you suggest to make this service component more effective?
31. In your view, how do you differentiate between medical work and case management?
32. How effective do you feel this CAC is in the provision of medical services?
33. What would you like to see different in the area of medical services?

Assessing Supervision (if applicable)

34. What do you consider to be effective supervision? What are the components?
35. What is the system for supervision of cases here at this CAC?
36. How often do you receive supervision? Would you like more or less?
37. How helpful is your supervision to your professional growth? To your clinical management of your cases (interventions and case management)?
38. If there were a system put in place to evaluate supervision, what would you like to suggest be included?

Assessing General Staffing Issues

39. What is the orientation process here at this CAC?
40. What would you add or delete from the orientation process?

41. What types of training are provided by this CAC?
42. How important is training to you on a scale of 1 to 10?
43. What types of training do you need to be more effective in your position? How would they help you?
44. What would you suggest to ensure that training occurs on a regular basis?
45. Are financial resources available for you to receive the ongoing training you need to be effective in your position?
46. What kind of support do you feel from your colleagues? Your supervisor? Office staff? The Board of Directors?
47. What would you suggest be put in place to enhance the support you experience from these entities?
48. How does the office staff (or medical staff) support you?
49. Do you think the office staff (or medical staff) understand your position and the associated responsibilities? If not, why?
50. What could enhance your work if done differently by the office staff (or medical staff)?
51. What are your perceptions of the office staff (or medical staff) positions?
52. How do you help the office staff (or medical staff) do their jobs? What could you do differently to help them be more effective in their positions?
53. What impact do you think the office staff (or medical staff) has on a client? How effective do you think the office staff (or medical staff) are in this area?

Assessing the Wishes—Developing a Wish List

54. What would you like to discuss that has not been already covered that you feel is important to understanding service delivery and overall CAC functioning?

Genital Examination Distress Scale

(Gully et al. 1999)

Instructions: Immediately at the end of the medical examination for possible sexual abuse, rate the seven indices of behavioral distress for the child during the anogenital phase of the procedure. If the behavior was not observed, assign 1 point. Score 2 points if the behavior was somewhat displayed. A rating of 3 points should be made if the behavior was definitely displayed.

Not Displayed = 1

Somewhat Displayed = 2

Definitely Displayed = 3

Rating

- _____ 1. **Nervous behavior** (e.g., repeated nail biting, lip chewing, leg fidgeting, rocking, or fingers in mouth, not attending, not listening).
- _____ 2. **Crying** (e.g., crying sounds, tears, or the onset of tears).
- _____ 3. **Restraint** (e.g., pressure is used to hold onto the child or physical attempts to keep the child from moving).
- _____ 4. **Muscular rigidity** (e.g., tensing of muscles like clenched fists, facial contortions, or general body tightening).
- _____ 5. **Verbal fear** (e.g., statement of apprehension or fear like "I'm scared" or "I'm worried").
- _____ 6. **Verbal pain** (e.g., statement of pain in any tense like "That hurt," "Owwwwh," "You're pinching me," or "This will hurt").
- _____ 7. **Flailing** (e.g., random movement of arms, legs, or body weight without trying to be aggressive, like pounding fists, throwing arms, or kicking legs).

Child's Perceptions of the Genital Examination for Child Sexual Abuse

(Lazebnik et al. 1994)

Ask the child each question, followed by the three response options.

3-Point Scale

1. How much did the examination hurt?
☐ It didn't hurt ☐ It sort of hurt ☐ It hurt a lot
2. Degree of fear associated with the examination?
☐ It wasn't scary ☐ A little scary ☐ Very scary
3. Perceived kindness of the doctor.
☐ Very nice ☐ Kind of nice ☐ Not nice
4. How scared/fearful are you of doctors.
☐ Not scared ☐ A little scared ☐ Very scared
5. Fear of hypothetical second exam.
☐ Not scared ☐ Sort of scared ☐ Very scared

Parents' Perceptions of the Genital Examination of Their Child for Child Sexual Abuse²

(Lazebnik et al. 1994)

For each of the following questions, please check one box.

1. Rate the doctor's kindness.
☐ Very kind ☐ All right ☐ Terrible
2. Rate the doctor's gentleness compared to other doctor visits.
☐ Better ☐ Same ☐ Worse
3. How well did your child do compared to other doctor visits?
☐ Better ☐ Same ☐ Worse
4. Would you choose this doctor for regular pediatric care?
☐ Yes ☐ No ☐ Maybe
5. Has your child previously had a genital exam?
☐ Yes ☐ No
6. Did someone explain what was going to happen during the examination?
☐ Yes ☐ No

Please write your responses to the following questions:

How long did it take to get an appointment? _____

How far did the child have to travel for the medical examination? _____

2. For additional reading, see Steward, M.S., M. Schmitz, D.S. Steward, N.R. Joye, and M. Reinhart. 1995. Children's anticipation of and response to colposcopic examination. *Child Abuse & Neglect*, 19(8), 997–1005.

Physician's Perceptions of the Medical Examination

1. Was a medical exam conducted? ☐ Yes ☐ No
2. Do you do peer review of medical evaluations? ☐ Yes ☐ No
3. What was the outcome of the medical examination? _____
- _____
4. Was a colposcope available for your use? ☐ Yes ☐ No

**Court Process
Outcome Evaluation
Questionnaire**

Children's Perceptions of Court-Related Stress³

(Saywitz and Nathanson 1993)

On a scale of 0 (not stressful) to 5 (very stressful), how do you [the child] rate the following items:

Not Stressful	A Little Stressful	Neutral	Stressful	Somewhat Stressful	Very Stressful
0	1	2	3	4	5
1. Crying in court.					
0	1	2	3	4	5
2. Having people not believe you in court.					
0	1	2	3	4	5
3. Answering questions in front of unfamiliar adults in court.					
0	1	2	3	4	5
4. Answering embarrassing questions in court.					
0	1	2	3	4	5
5. Not knowing the answers to questions you are asked in court.					
0	1	2	3	4	5
6. Answering questions in court in front of a person who hurt you.					
0	1	2	3	4	5
7. Going to court.					
0	1	2	3	4	5
8. Answering questions in front of a judge in court.					
0	1	2	3	4	5
9. Having an attorney ask you questions in court.					
0	1	2	3	4	5
10. Being a witness in court.					
0	1	2	3	4	5

3. For permission to use this scale, contact Karen Saywitz at UCLA (ksaywitz@ucla.edu).

Case Tracking Forms

CARES NW Statistics Sheet

Name: _____ Date of Evaluation: _____

Section A: INTAKE STAFF COMPLETE (If not done, Evaluation Team complete)

1. Concern that brought this child to CARES NW (you may check more than one category):
☐ Neglect ☐ Physical abuse ☐ Sexual abuse ☐ Sibling of victim
☐ Witness to crime/abuse of others ☐ Other _____
- 2a. How did concern first arise?
☐ Third-party report ☐ Behavior problems ☐ Disclosure (see next line)
☐ Other family member ☐ Friend ☐ Other _____
3. Who initially called CARES NW? (You may check more than one category):
☐ SCF ☐ LEA ☐ School ☐ Health care provider ☐ Therapist
☐ Parent ☐ Attorney ☐ Other _____
4. Who referred the family to CARES NW? (You may check more than one category):
☐ SCF ☐ LEA ☐ School ☐ Health care provider ☐ Therapist
☐ Parent ☐ Attorney ☐ Other _____
5. Child gender: ☐ Female ☐ Male

Section B: INTAKE STAFF COMPLETE (If not done, Evaluation Team complete)

6. Ethnic background: ☐ Asian ☐ Hispanic ☐ African American
☐ Native American ☐ Caucasian ☐ Other
7. Has this child been diagnosed with any disability? ☐ Yes ☐ No
8. Appointment type: ☐ E ☐ E/C ☐ E/I ☐ I ☐ Emer E ☐ Emer E/I
☐ Emer E/C ☐ F/U E ☐ F/U I ☐ F/U EI
9. Detective assigned? ☐ Yes ☐ No LEA agency/county _____
10. Alleged perpetrator's relationship to the child (if there are multiple perpetrators, you may check more than one):
☐ Parent ☐ Step-parent ☐ Parent's boyfriend/girlfriend ☐ Other relative
☐ Stranger ☐ Sibling ☐ Peer ☐ Known to child ☐ None identified
11. Age of alleged perpetrator at time of abuse _____
 (If unsure, check: ☐ <13 ☐ 13–17 ☐ 18+ ☐ DK)

12. Age of child when EVALUATED: _____

Age of child at TIME OF ABUSE (include range): _____

13. DIAGNOSTIC INFORMATION (based on ALL DATA available at time of assessment):

Previous statement of abuse:

____ Clear ____ Concerning/questionable ____ None

At evaluation, statements of sexual abuse:

____ Clear ____ Concerning/questionable ____ None

At evaluation, statements of physical abuse:

____ Clear ____ Concerning/questionable ____ None

Previous exam abuse findings:

____ Evidence of abuse ____ Possible abuse ____ No physical abuse

At evaluation, sex abuse exam findings:

____ Evidence of abuse ____ Possible abuse ____ No physical abuse

At evaluation, physical abuse exam findings:

____ Evidence of abuse ____ Possible abuse ____ No physical abuse

At evaluation, other exam findings (e.g., ear infection, cold, malnourishment):

____ Evidence of abuse ____ Possible abuse ____ No physical abuse

14. CONCLUSIONS (based on all data available at the time of assessment—What's your "working diagnosis"?):

Sexual abuse

____ Probable/definite abuse ____ Possible abuse ____ No indication of abuse/abuse unlikely

Physical abuse

____ Probable/definite abuse ____ Possible abuse ____ No indication of abuse/abuse unlikely

Neglect

____ Probable/definite ____ Possible ____ No indication/unlikely

15. Has domestic violence occurred in this child's family?

____ Yes ____ No

16. Is a custody or visitation dispute currently occurring in this child's family?

☐ Yes ☐ No

17. Was this child referred for counseling?

☐ Yes ☐ No

If no, why?

☐ Tx not needed ☐ Child already in Tx ☐ Child developmentally not able
or too young

Case Tracking Questions

(Adapted from Gene Siegel (Arizona) 520-615-7881)

Was the case reviewed? Yes _____ No _____

Which agency received the initial report? _____

Type of report:	Number of child victims	Multiple incidents	
____ Child sexual abuse	_____	Yes _____	No _____
____ Child physical abuse	_____	Yes _____	No _____
____ Child neglect	_____	Yes _____	No _____
____ Child exploitation	_____	Yes _____	No _____
____ Child death	_____	Yes _____	No _____
____ Other _____	_____	Yes _____	No _____

Source of report:

____ CPS	____ Medical	____ Neighbor/acquaintance	____ School
____ LE	____ Parent	____ Mental health professional	Other _____
____ Relative	____ Social Services		

If CPS investigation, did CPS notify law enforcement? _____ Verbally _____ Written

If LE investigation, did LE notify CPS? _____ Verbally _____ Written

Was a joint CPS/LE investigation conducted? _____ Yes _____ No _____ Cannot determine

Who conducted the child interview: _____
Name Agency

Total number of child interviews: _____

Total number of videotaped interviews: _____

Total number of other interviews: _____

Was a forensic medical examination of the child victim conducted? Yes _____ No _____

Who conducted the forensic medical exam: _____
Name Location

Were criminal charges filed by LE? Yes _____ No _____

Were criminal charges filed by the prosecutor's office? Yes _____ No _____

Was the case prosecuted? Yes _____ No _____

Was there a conviction in the case? ☐ Yes ☐ No Result: _____

Were protocols followed? ☐ Yes ☐ No

Parents' marital status: ☐ Married ☐ Divorced ☐ Separated ☐ Single

If parents are divorced or separated, visitation schedule: _____

Child lives with:

☐ Mother ☐ Father ☐ Other relative ☐ Foster care

☐ Other _____

History of child sexual abuse in mother's family of origin: ☐ Yes ☐ No

If yes, Victim _____ Alleged perpetrator _____

History of child sexual abuse in father's family of origin: ☐ Yes ☐ No

If yes, Victim _____ Alleged perpetrator _____

History of child sexual abuse of other siblings in the household: ☐ Yes ☐ No

If yes, Victim _____ Alleged perpetrator _____

History of mental illness in the family: ☐ Yes ☐ No

Describe _____

History of drug/alcohol use/abuse in the family: ☐ Yes ☐ No

Describe _____

History of domestic violence in the family: ☐ Yes ☐ No

Describe _____

History of previous child sexual abuse in the family ☐ Yes ☐ No

Describe _____

Physical abuse in the family: ☐ Yes ☐ No

Describe _____

Previous involvement of Child Protective Services: ☐ Yes ☐ No

Describe _____

Police involvement: ☐ Yes ☐ No

Describe _____

Has the child been exposed to pornographic material? ☐ Yes ☐ No

Describe _____

Child-Related Questions

Developmental level: ☐ Age appropriate ☐ Delayed

Language development: ☐ Age appropriate ☐ Delayed

Toilet trained ☐ Yes ☐ No Age trained ☐

Stress-related behaviors: _____

Onset and length of behaviors: _____

School/daycare: ☐ Yes ☐ No Name of daycare _____

Age began _____

Academic performance: ☐ Average ☐ Above average ☐ Below average

Special education: ☐ Yes ☐ No

Describe _____

History of chronic health problems: ☐ Yes ☐ No

Describe _____

History of genital injuries: ☐ Yes ☐ No

Describe _____

Current medications _____

Present sleeping arrangement in the household _____

Family stressors in the family during the past year _____

Has the child disclosed past sexual abuse: ☐ Yes ☐ No

Describe _____

AWAKE Intake Report

AWAKE Case # _____

Report received by _____ (Agency)

Date opened _____ Social worker _____ Officer _____

Site of interview: AWAKE _____ Other _____ Date _____

Was interview videotaped? ☐ Yes ☐ No audiotape ☐ Yes ☐ No

Guardian ad litem requested? ☐ Yes ☐ No

Guardian ad litem _____

VICTIM INFORMATION

Child's name _____ Phone # _____

DOB _____ Age _____ Sex _____ Race _____

Address _____
Street/PO Box _____ City _____ State _____ ZIP Code _____

Child is in custody of _____ Relationship _____

School victim attends _____ Grade _____

Do you want to make an AWAKE mental health referral? ☐ Yes ☐ No

Medical scheduled/date _____ Medical completed/date _____

ALLEGED PERPETRATOR

Name _____ Phone # _____

DOB _____ Age _____ Sex _____ Race _____

Relationship to victim _____

Occupation _____ Place of employment _____

DESCRIPTION OF ABUSE

Date of report _____ Type of abuse _____ Sexual ☐ Physical ☐

Is there also: Domestic violence ☐ Custody dispute ☐

CARES Program Intake Information Form

Date: _____ Time: _____ Intake received by: _____

Intake Screening Criteria Requiring Immediate Evaluation by R.N. (Check if applies or is of concern)

Referring agent: _____ Agency: _____ Phone: _____

- ☐ Alleged abuse to child occurred within the 72 hours (child is not to bathe, toilet, or eat; retain clothing from episode).
- ☐ Current complaints of pain, fever, drainage, pain, and/or burning with urination or defecation.
- ☐ Referring agency requests emergency assessment due to immediacy of danger to child.
- ☐ Alleged offender may have continued contact with the child.
- ☐ Referral attempt made by a private party—not H&W, LEA, Prosecutor's office or court order—meeting abuse criteria.

NOTES: _____

Child's name: _____ Sex: M F DOB: _____ Age: _____

Legal guardian: _____ Relationship to child: _____

Address: _____ Home phone: _____ Work phone: _____

Who will bring child to CARES: _____

Referring agent: _____ Agency: _____ Phone: _____

Secondary agent: _____ Agency: _____ Phone: _____

Describe alleged event or referral reason: ☐ Acting out ☐ Possible witness

☐ Possible victim ☐ Disclosure (to whom) _____

Who (names/age/relationship to child): _____

What: _____

When: _____

Where: _____

Appointment: Date: _____ Time: _____ Exam: _____

Exam: Interview _____ Interview: _____

Agent _____ notified of appointment ☐ Voice mail ☐ Phone

☐ Message left with _____

Agent _____ notified of appointment ☐ Voice mail ☐ Phone

☐ Message left with _____

Is it safe per parent/guardian and intake information to mail out PDQ and health history?

☐ No/unknown _____ ☐ Yes: Date mailed _____

Georgia Center for Children Intake Sheet

Written by: _____ Date: _____

Relationship to child: _____

INFORMATION ABOUT THE CHILD

Child's name _____ DOB _____ Sex _____

Race _____ Age _____

Child's address _____

ZIP Code _____ County _____

INFORMATION ABOUT THE PARENT/GUARDIAN

Name (Mother) _____ (Father) _____

Address _____ City/State/ZIP _____

Phone (home) _____ (work) _____

INFORMATION ABOUT THE ABUSE

Has child seen a doctor for this abuse? Yes _____ No _____ Date of visit _____

Name of doctor/hospital _____

In what county/counties did the abuse take place _____

Child's age when abuse started _____

Where did the abuse take place? (In house, school, car, outside, etc.)

Please tell exactly what happened to the child: _____

How were you made aware of the abuse? _____

INFORMATION ABOUT THE PERPETRATOR

Name _____ Age _____ Sex _____ Race _____

How does the child know the perpetrator? _____

Has the case been reported? DFCS _____ Date _____

Caseworker _____

Police _____ Date _____ Investigator _____

REFERRAL INFORMATION

Referred by: DFCS _____ Police _____ D.A. _____ Doctor _____ Other _____

COVER SHEET

Child Advocacy Center Evaluation/Case Tracking Forms

For information gathered by Child Protective Services (CPS)

VICTIM INFORMATION

Last name _____ First name _____ M.I. _____

Street address _____

City _____ State _____ ZIP Code _____

Telephone number _____

Date of birth ____/____/____

This cover sheet will be removed when the forms are submitted for data analysis.

Child Advocacy Center Evaluation/Case Tracking Worksheet

Victim Information

For information gathered by Child Protective Services (CPS)

FOR DATA ANALYSIS PURPOSES ONLY

CASE ID # _____

Today's date:

_____/_____/_____

CASE NUMBER _____

Date incident reported to this agency:

_____/_____/_____

Person completing the form:

Date of alleged offense:

_____/_____/_____

VICTIM'S DEMOGRAPHIC INFORMATION

(Circle below)

1. Gender:

Male 1

Female 2

2. Date of birth: ____/____/____

3. Age: _____

4. Ethnicity:

White 1

Black 2

Hispanic 3

Asian 4

Native American 5

Other _____ 6

5. Does victim have a disability?

No 1

Physical 2

Mental 3

Other _____ 4

6. Is English victim's primary language?

Yes 1

No 2

Don't know 3

REFERRAL INFORMATION

7. Presenting problem:

Sex abuse 1

Serious physical abuse 2

Other _____ 3

8. Date victim first disclosed abuse:
(If known)

_____/_____/_____

9. Who referred this case to CPS?

- | | |
|-----------------------------|---|
| Law enforcement | 1 |
| Parent/guardian | 2 |
| Victim | 3 |
| Offender | 4 |
| Other nonoffending adult | 5 |
| Human services agency _____ | 6 |
| Health care provider _____ | 7 |
| School _____ | 8 |
| Other _____ | 9 |

MEDICAL INFORMATION

10. Date of first exam:

_____/_____/_____

11. Conducted at:

- | | |
|-------------------------------|---|
| Hospital emergency room | 1 |
| Other hospital/clinic setting | 2 |
| Private physician's office | 3 |
| Other _____ | 4 |

12. Completed by:

- | | |
|--------------------------------------|---|
| Emergency room physician | 1 |
| Expert forensic child abuse examiner | 2 |
| Family physician | 3 |
| Other practitioner | 4 |

13. Reason for exam:
(circle all that apply)

- | | |
|------------------------------|---|
| Nature of abuse | 1 |
| Recency of abuse | 2 |
| Age of child | 3 |
| Requested by parent/guardian | 4 |
| Requested by physician | 5 |
| Investigative request | 6 |
| Other _____ | 7 |

14. Physical findings:

- | | |
|---|---|
| Reason for exam was substantiated | 1 |
| Reason for exam was unsubstantiated | 2 |
| Other conditions were identified and treated
(Specify _____) | 3 |
| Unknown (at this time) | 4 |
| Other _____ | 5 |

15. Date of second exam:

_____/_____/_____

16. Reason for exam: (circle all that apply)

- | | |
|-------------------------|---|
| Investigative request | 1 |
| Requested by physician | 2 |
| Requested by prosecutor | 3 |
| Requested by defense | 4 |
| Subsequent allegation | 5 |
| Other _____ | 6 |

17. Physical findings:

- | | |
|---|---|
| Reason for exam was substantiated | 1 |
| Reason for exam was unsubstantiated | 2 |
| Other conditions were identified and treated
(Specify _____) | 3 |
| Unknown (at this time) | 4 |
| Other _____ | 5 |

18. Date of third exam:
_____/_____/_____

19. Reason for exam:
(circle all that apply)
- | | |
|-------------------------|---|
| Investigative request | 1 |
| Requested by physician | 2 |
| Requested by prosecutor | 3 |
| Requested by defense | 4 |
| Subsequent allegation | 5 |
| Other _____ | 6 |

20. Physical findings:
- | | |
|--|---|
| Reason for exam was substantiated | 1 |
| Reason for exam was unsubstantiated | 2 |
| Other conditions were identified and treated | 3 |
| (Specify _____) | |
| Unknown (at this time) | 4 |
| Other _____ | 5 |

Child Advocacy Center Evaluation/ Case Tracking Worksheet

Alleged Perpetrator Information

For information gathered by Child Protective Services (CPS)

FOR DATA ANALYSIS PURPOSES ONLY

CASE ID # _____

CASE NUMBER _____

Person completing the form: _____

Today's date:

_____/_____/_____

Date incident reported to this agency:

_____/_____/_____

Date of alleged offense:

_____/_____/_____

Complete one form for each alleged perpetrator in this case.

DEMOGRAPHIC INFORMATION

1. Gender:

Male 1

Female 2

2. Date of birth: ____/____/____

3. Age: _____

4. Ethnicity:

White 1

Black 2

Hispanic 3

Asian 4

Native American 5

Other _____ 6

5. Relationship to victim:

Parent 1

Step-parent 2

Foster parent 3

Legal guardian 4

Partner of parent 5

Adult who is known to the victim 6

Adult who is a stranger 7

Sibling 8

Other _____ 9

A. Other relative:

Who is also a caretaker or in
a position of trust 10

Who is not a caretaker or in
a position of trust 11

B. Other person known to victim:

Who is also a caretaker or in
a position of trust 12

Who is not a caretaker or in
a position of trust 13

ALLEGED OFFENSE

6. At the time of first law enforcement
interview with victim, had alleged
perpetrator been arrested?

Yes 1

No 2

Don't know 3

7. At time of alleged offense, had any
court issued a restraining order to pro-
tect victim from alleged perpetrator?

Yes 1

No 2

Don't know 3

8. At time of alleged offense, was
alleged perpetrator living with victim?

Yes 1

No 2

Don't know 3

9. Sexual activity: (circle all that apply)

Fondling 1

Oral copulation 2

Penetration 3

Sodomy 4

Physical abuse 5
(Define _____)

Pornography 6

Other _____ 7

Victim Interview Information

For information gathered by Child Protective Services (CPS)

FOR DATA ANALYSIS PURPOSES ONLY

CASE ID # _____

CASE NUMBER _____

Date incident reported to this agency:

_____/_____/_____

Note: If there were interviews conducted prior to this agency conducting an interview, record those first. If more than five interviews are conducted, attach an additional interview form to this sheet.

FIRST INTERVIEW

1. Date of interview:
_____/_____/_____
2. Position of interviewer:

Law enforcement employee	1
CPS employee	2
School counselor	3
Parent/guardian	4
Health care provider	5
Other _____	6
3. Number of individuals who witnessed this interview (If known):

4. Was the interview:

Transcribed/written	1
Audiotaped	2
Videotaped	3
None of the above	4
Don't know	5

SECOND INTERVIEW

1. Date of interview:
_____/_____/_____
2. Position of interviewer:

Law enforcement employee	1
CPS employee	2
School counselor	3
Parent/guardian	4
Health care provider	5
Other _____	6
3. Number of individuals who witnessed this interview (If known):

4. Was the interview:

Transcribed/written	1
Audiotaped	2
Videotaped	3
None of the above	4
Don't know	5

THIRD INTERVIEW

1. Date of interview:
_____/_____/_____
2. Position of interviewer:

Law enforcement employee	1
CPS employee	2
School counselor	3
Parent/guardian	4
Health care provider	5
Other _____	6
3. Number of individuals who witnessed this interview (If known):

4. Was the interview:

Transcribed/written	1
Audiotaped	2
Videotaped	3
None of the above	4
Don't know	5

FOURTH INTERVIEW

1. Date of interview:
_____/_____/_____
2. Position of interviewer:

Law enforcement employee	1
CPS employee	2
School counselor	3
Parent/guardian	4
Health care provider	5
Other _____	6
3. Number of individuals who witnessed this interview (If known):

4. Was the interview:

Transcribed/written	1
Audiotaped	2
Videotaped	3
None of the above	4
Don't know	5

FIFTH INTERVIEW

1. Date of interview:
_____/_____/_____
2. Position of interviewer:

Law enforcement employee	1
CPS employee	2
School counselor	3
Parent/guardian	4
Health care provider	5
Other _____	6
3. Number of individuals who witnessed this interview (If known):

4. Was the interview:

Transcribed/written	1
Audiotaped	2
Videotaped	3
None of the above	4
Don't know	5

SUMMARY OF INTERVIEWS

21. How many interviews were conducted? _____
22. How many different people interviewed the child? _____
23. How many different people witnessed the child in interviews (not including the interviewer)?

24. How many interviews were memorialized by written report? _____
25. How many interviews were memorialized by audiotape? _____
26. How many interviews were memorialized by videotape? _____

Interview/Medical Exam Summary

For information gathered by Child Protective Services (CPS)

FOR DATA ANALYSIS PURPOSES ONLY

CASE ID # _____

CASE NUMBER _____

Note: Use this form for totaling all interviews and medical examinations from all agencies for this case.

SUMMARY OF INTERVIEWS

1. How many interviews were conducted? _____
2. How many different people interviewed the child? _____
3. How many different people witnessed the child in interviews? _____
4. How many interviews were memorialized by written report? _____
5. How many interviews were memorialized by audiotape? _____
6. How many interviews were memorialized by videotape? _____

SUMMARY OF MEDICAL EXAMINATIONS

1. How many medical examinations were conducted? _____
2. How many different people examined the child? _____
3. How many different locations was the child examined at? _____

Services Provided

For information gathered by Child Protective Services (CPS)

FOR DATA ANALYSIS PURPOSES ONLY

CASE ID # _____

CASE NUMBER _____

SERVICES PROVIDED

(Circle below)

1. Services that victim was receiving *before* referral (circle all that apply)

Ongoing CPS services	1
Mental health services	2
Victim-witness services	3
Other _____	4
2. Services that nonoffending parent/guardian was receiving *before* referral (circle all that apply)

Ongoing CPS services	1
Mental health services	2
Domestic violence services	3
Other _____	4
3. Services that victim was referred to *after* referral (circle all that apply)

Ongoing CPS services	1
Mental health services	2
Victim-witness services	3
Other _____	4
4. Services that nonoffending parent/guardian was receiving *after* referral (circle all that apply)

Ongoing CPS services	1
Mental health services	2
Victim-witness services	3
Domestic violence services	4
Other _____	5

OUTCOME OF THE ASSESSMENT

5. What was the outcome of the CPS initial assessment?

Unfounded	1
Inconclusive	2
Court substantiated	3
Unable to locate	4
Other _____	5
6. Where was the child living at the conclusion of the initial assessment?

Remained in home	1
With relative of family known to victim	2
Foster care	3
Residential/institutional care	4
Other _____	5

COVER SHEET

Child Advocacy Center Evaluation/Case Tracking Forms

For information gathered by law enforcement (LE)

VICTIM INFORMATION

Last name _____ First name _____ M.I. _____

Street address _____

City _____ State _____ ZIP Code _____

Telephone number _____

Date of birth ____/____/____

Remove this cover sheet before submitting the enclosed forms for data analysis.

Child Advocacy Center Evaluation Tracking Worksheet

Victim Information

For information gathered by law enforcement (LE)

FOR DATA ANALYSIS PURPOSES ONLY

CASE ID # _____

CASE NUMBER _____

Person completing the form: _____

Date incident reported to this agency:

_____/_____/_____

VICTIM'S DEMOGRAPHIC INFORMATION

(Circle below)

1. Gender

Male 1

Female 2

2. Date of birth: ____/____/____

3. Age: _____

4. Ethnicity:

White 1

Black 2

Hispanic 3

Asian 4

Native American 5

Other _____ 6

5. Does victim have a disability?

No 1

Physical 2

Mental 3

Other _____ 4

6. Is English primary language?

Yes 1

No 2

Don't Know 3

REFERRAL INFORMATION

7. Presenting problem:

Sex abuse 1

Serious physical abuse 2

Other _____ 3

8. Date victim first disclosed abuse:

(If known) ____/____/_____

9. Who referred this case to LE?

CPS	1
Parent/guardian	2
Victim	3
Offender	4
Other nonoffending adult	5
Human services agency	6
_____	6
Health care provider	7
_____	7
School _____	8
Other _____	9

MEDICAL INFORMATION

10. Date of first exam:

_____/_____/_____

11. Conducted at:

Hospital emergency room	1
Other hospital/clinic setting	2
Private physician's office	3
Other _____	4

12. Completed by:

Emergency room physician	1
Expert forensic child abuse examiner	2
Family physician	3
Other practitioner	4

13. Reason for exam: (circle all that apply)

Nature of abuse	1
Recency of abuse	2
Age of child	3
Requested by parent/guardian	4
Requested by physician	5
Investigative request	6
Other _____	7

14. Physical findings:

Reason for exam was substantiated	1
Reason for exam was unsubstantiated	2
Other conditions were identified and treated (Specify _____)	3
Unknown (at this time)	4
Other _____	5

15. Date of second exam:

_____/_____/_____

16. Reason for exam: (circle all that apply)

Investigative request	1
Requested by physician	2
Requested by prosecutor	3
Requested by defense	4
Subsequent allegation	5
Other _____	6

17. Physical findings:

Reason for exam was substantiated	1
Reason for exam was unsubstantiated	2
Other conditions were identified and treated (Specify _____)	3
Unknown (at this time)	4
Other _____	5

18. Date of third exam:
_____/_____/_____

19. Reason for exam:
(circle all that apply)
- | | |
|-------------------------|---|
| Investigative request | 1 |
| Requested by physician | 2 |
| Requested by prosecutor | 3 |
| Requested by defense | 4 |
| Subsequent allegation | 5 |
| Other _____ | 6 |

20. Physical findings:
- | | |
|--|---|
| Reason for exam was substantiated | 1 |
| Reason for exam was unsubstantiated | 2 |
| Other conditions were identified and treated | 3 |
| (Specify _____) | |
| Unknown (at this time) | 4 |
| Other _____ | 5 |

Alleged Perpetrator Information

For information gathered by law enforcement (LE)

FOR DATA ANALYSIS PURPOSES ONLY

CASE ID # _____

CASE NUMBER _____

Complete one form for each alleged perpetrator in this case.

DEMOGRAPHIC INFORMATION

1. Gender

Male	1
Female	2
2. Date of birth: ____/____/____
3. Age: _____
4. Ethnicity:

White	1
Black	2
Hispanic	3
Asian	4
Native American	5
Other _____	6
5. Relationship to victim:

Parent	1
Step-parent	2
Foster parent	3
Legal guardian	4
Partner of parent	5
Adult who is known to the victim	6
Adult who is a stranger	7
Sibling	8
Other _____	9

- A. Other relative:

Who is also a caretaker or in a position of trust	10
Who is not a caretaker or in a position of trust	11
- B. Other person known to victim:

Who is also a caretaker or in a position of trust	12
Who is not a caretaker or in a position of trust	13

ALLEGED OFFENSE

6. At time of first law enforcement interview with victim, had alleged perpetrator been arrested?

Yes	1
No	2
Don't know	3
7. At time of alleged offense, had any court issued a restraining order to protect victim from alleged perpetrator?

Yes	1
No	2
Don't know	3

8. At time of alleged offense, was alleged perpetrator living with victim?
- Yes 1
- No 2
- Don't know 3
9. Sexual activity: (circle all that apply)
- Fondling 1
- Oral copulation 2
- Penetration 3
- Sodomy 4
- Physical abuse
(Define _____) 5
- Pornography 6
- Other _____ 7
10. Date of alleged abuse:
_____/_____/_____
11. Was the alleged perpetrator arrested?
- Yes 1
- No 2
12. What was the outcome of the investigative process?
- Unfounded 1
- Unsubstantiated 2
- Referred to an outside police service 3
- Referred to the county attorney's office and:
- Filed 4
- Declined 5
- Other _____ 6

Child Advocacy Center Evaluation/Case Tracking Worksheet

For information gathered by law enforcement (LE)

FOR DATA ANALYSIS PURPOSES ONLY

CASE ID # _____

CASE NUMBER _____

OUTCOME OF THE INVESTIGATION

1. What was the outcome of the investigation?
2. Where was the child living at the conclusion of the investigation?

Victim Interview Information

For information gathered by law enforcement (LE)

FOR DATA ANALYSIS PURPOSES ONLY

CASE ID # _____

CASE NUMBER _____

Date incident reported to this agency:

_____/_____/_____

Note: If there were interviews conducted prior to this agency conducting an interview, record those first. If more than five interviews are conducted, attach an additional interview form to this sheet.

FIRST INTERVIEW

1. Date of interview:
_____/_____/_____

2. Position of interviewer:

Law enforcement employee	1
CPS employee	2
School counselor	3
Parent/guardian	4
Health care provider	5
Other _____	6

3. Number of individuals who witnessed this interview (if known):

4. Was the interview:

Transcribed/written	1
Audiotaped	2
Videotaped	3
None of the above	4
Don't know	5

SECOND INTERVIEW

1. Date of interview:
_____/_____/_____

2. Position of interviewer:

Law enforcement employee	1
CPS employee	2
School counselor	3
Parent/guardian	4
Health care provider	5
Other _____	6

3. Number of individuals who witnessed this interview (if known):

4. Was the interview:

Transcribed/written	1
Audiotaped	2
Videotaped	3
None of the above	4
Don't know	5

THIRD INTERVIEW

1. Date of interview:
_____/_____/_____
2. Position of interviewer:

Law enforcement employee	1
CPS employee	2
School counselor	3
Parent/guardian	4
Health care provider	5
Other _____	6
3. Number of individuals who witnessed this interview (If known):

4. Was the interview:

Transcribed/written	1
Audiotaped	2
Videotaped	3
None of the above	4
Don't know	5

FOURTH INTERVIEW

1. Date of interview:
_____/_____/_____
2. Position of interviewer:

Law enforcement employee	1
CPS employee	2
School counselor	3
Parent/guardian	4
Health care provider	5
Other _____	6
3. Number of individuals who witnessed this interview (If known):

4. Was the interview:

Transcribed/written	1
Audiotaped	2
Videotaped	3
None of the above	4
Don't know	5

FIFTH INTERVIEW

1. Date of interview:
_____/_____/_____
2. Position of interviewer:

Law enforcement employee	1
CPS employee	2
School counselor	3
Parent/guardian	4
Health care provider	5
Other _____	6
3. Number of individuals who witnessed this interview (If known):

4. Was the interview:

Transcribed/written	1
Audiotaped	2
Videotaped	3
None of the above	4
Don't know	5

Interview/Medical Exam Summary

For information gathered by law enforcement (LE)

FOR DATA ANALYSIS PURPOSES ONLY

CASE ID # _____

CASE NUMBER _____

Note: Use this form for totaling all interviews and medical examinations from all agencies for this case.

SUMMARY OF INTERVIEWS

1. How many interviews were conducted? _____
2. How many different people interviewed the child? _____
3. How many different people witnessed the child in interviews? _____
4. How many interviews were memorialized by written report? _____
5. How many interviews were memorialized by audiotape? _____
6. How many interviews were memorialized by videotape? _____

SUMMARY OF MEDICAL EXAMINATIONS

1. How many medical examinations were conducted? _____
2. How many different people examined the child? _____
3. How many different locations was the child examined at? _____

Child Advocacy Center Evaluation/Case Tracking Worksheet Legal/Court Process

For information gathered by county attorney

LPD CASE NUMBER _____

Date referred to county attorney:
_____/_____/_____

Person completing form:

ACTIVE _____
ACTIVE _____
ACTIVE _____
CLOSED _____

INVESTIGATION/ASSESSMENT

1. What was the outcome of the police investigation?

NA/not police investigated	0
Unfounded	1
Unsubstantiated	2
Referred to an outside police service	3
Other _____	4
2. What was the outcome of the CPS investigation? (circle all that apply)

NA/not CPS investigated	0
Unfounded	1
Inconclusive	2
Court substantiated	3
Unable to locate	4
Child removed from the home	5
Other _____	6

CIVIL (JUVENILE COURT) CASE

3. If juvenile case was not filed, why not?

Insufficient evidence	1
Victim declined to participate	2
Victim unavailable	3
Perpetrator not identified	4
Victim inconsistencies	5
Concerns about victim's credibility in investigation	6
Children are safe (perpetrator is out of home)	7
Other _____	8
4. Juvenile court outcome:

Adjudication of abuse/child in home	1
Adjudication of abuse/child not in home	2
Still in proceedings	3
Case dismissed/outright	4
Case dismissed /voluntary supervision	5
Other _____	6
5. Juvenile court appearance dates: (please list)

CRIMINAL CASE

- | | | | |
|---|----|--|---|
| 6. Type of criminal charges filed: | | 7. If criminal case was not filed, why not? | |
| NA/charges not filed | 0 | Insufficient evidence | 1 |
| 1st degree sexual assault on child | 1 | Victim declined to participate | 2 |
| 1st degree SA on child; 2nd offense | 2 | Victim unavailable | 3 |
| Attempted 1st degree SA on child | 3 | Perpetrator not identified | 4 |
| Sexual assault of a child | 4 | Statute of limitations expired | 5 |
| Attempted sexual assault of a child | 5 | Victim not qualifiable specify_____ | 6 |
| 1st degree SA on incompetent | 6 | Victim inconsistencies | 7 |
| 3rd degree SA on incompetent | 7 | Concerns about victim's credibility in investigation | 8 |
| Attempted 1st degree forcible sexual assault | 8 | Concerns about victim's credibility in court | 9 |
| Debauching a minor under 17 | 9 | 8. Criminal case outcome: | |
| Attempted debauching of minor | 10 | Dismissal | 1 |
| Attempted sexual contact with child | 11 | Acquittal | 2 |
| Incest | 12 | Diversion | 3 |
| Attempted incest | 13 | Reduced to misdemeanor | 4 |
| Other _____ | 14 | Conviction by bench trial | 5 |
| e.g., obscenity, generating child pornography | | Conviction by jury | 6 |
| | | Conviction by plea | 7 |
| | | Still in proceedings | 8 |
| | | 9. If applicable, please specify sentence: | |
| | | _____ | |
| | | 10. Criminal court appearance dates (please list) | |
| | | _____ | |

Georgia Center for Children Child Victim Fact Sheet

Date referred/opened: _____ Referred by: _____

Name: _____ Taken by _____

Closed: _____ Agency(ies) _____ Phone _____

CHILD VICTIM INFORMATION

Primary child: _____ DOB: _____

Age _____ Gender _____

Race (circle) Black White Latino/Hispanic Asian Pacific Islander
Native American Eskimo Aleut Other _____

Address _____

City _____ State _____ ZIP _____

Emergency contact _____
(Caseworker, neighbor, relative, friend)

Does the child have a disability? If yes, identify: _____

Prior Hx: DFCS _____ LE _____ U/K _____

Drug use: Yes _____ No _____ Susp. _____ U/K _____

NON-OFFENDING (NO)-CAREGIVER INFORMATION (Caregiver/custodian. Present placement of child)

Parents _____
(Birth, adoptive, guardian)

Custodian (physical custody of child) _____
(Complete NO-C information)

Address _____
(Custodian)

City _____ State _____ ZIP _____

Phone _____ Employer _____

Address _____ Phone _____

1. NO-caregiver: _____ G _____ R _____ DOB _____

Age _____ Relationship _____

2. NO-caregiver: _____ G _____ R _____ DOB _____

Age _____ Relationship _____

Prior Hx: (1) LE _____ DFCS _____ Unknown _____

Survivor: Yes _____ No _____ Suspected _____ U/K _____

Prior Hx: (2) LE _____ DFCS _____ Unknown _____

Survivor: Yes _____ No _____ Suspected _____ U/K _____

Drug use: (1) Yes _____ No _____ Susp. _____ U/K _____

DV: Yes _____ No _____ Suspected _____ U/K _____

Drug use: (2) Yes _____ No _____ Susp. _____ U/K _____

DV: Yes _____ No _____ Suspected _____ U/K _____

Custody issues: (1) Yes _____ No _____ Suspected _____ Unknown _____

(2) Yes _____ No _____ Suspected _____ Unknown _____

Secondary victims (List all names affected by primary child's victimization: siblings, other relatives, etc., recipient of direct services only; abuse type for secondary same as primary; see links in computer):

3. _____ G _____ R _____ DOB _____ Age _____

Relationship _____ Abuse _____

4. _____ G _____ R _____ DOB _____ Age _____

Relationship _____ Abuse _____

5. _____ G _____ R _____ DOB _____ Age _____

Relationship _____ Abuse _____

6. _____ G _____ R _____ DOB _____ Age _____

Relationship _____ Abuse _____

Child referred to CAC for _____ Forensic interview _____ Forensic evaluation

_____ Forensic medical exam _____ CJ assistance _____ Court preparation

_____ Prevention skills _____ Crisis intervention _____ Multidisciplinary staffing

_____ Other _____

_____ Clinical: (1) Assessment: Yes No

(2) Therapy: individual family group NO-C support/ed. group

Case situation (purpose of referral/action taken) _____

OFFENDER INFORMATION

Offender name _____ Social security # _____
(Alleged)

DOB _____ Age _____ Gender _____ Race (specify using list above) _____

Relationship to victim _____

Offender's address _____ County _____

Offense location: _____ County _____

Offender Hx

(Check and list date(s)): _____ DFCS: _____ LE: _____ Unknown
Date Date

_____ Juvenile court: _____ Dept. of Juvenile Justice: _____
Date Date

Drug abuse (circle): Yes No Susp. U/K Survivor: Yes No Susp. U/K

DV: Yes No Susp. U/K

INTERVIEW INFORMATION

Date _____ Onsite _____ Offsite _____ Location _____

LE: _____ DFACS Inv. _____
(Name/venue) (Name)

Interviewer 1 _____ Interviewer 2/observer _____

Interview protocol Corner House: Yes _____ No _____

Assigned detective _____ DFACS (ongoing cw) _____

Type of interview _____ Video _____ Audio

Number _____ Previously interviewed (date) _____

Date abuse occurred _____ Date abuse disclosed _____

Where and to whom was abuse first disclosed (list all names)? _____

Abuse type (circle and define using list on computer or from notebook):

Physical abuse (PA) (Primary; see abuse type list) _____

Sexual abuse (SA) (Primary; see abuse type list) _____

PA/SA detail (Primary victims only; see detail list) _____

Was coercion by force or secrecy involved in alleged abuse (see list) _____

Witness to homicide Yes _____ No _____ Suspected _____ Unknown _____
(Primary victims)

Other types of abuse _____ (specify) Details _____

FORENSIC INTERVIEW OUTCOME

___ Occurred

___ Did not occur

___ Inconclusive

MULTIAGENCY OUTCOME

DFCS: Unsubstantiated _____ Substantiated _____ Not involved _____ Unknown _____

LE (list date): Warrant issued _____ Arrest date _____ No arrest _____

Exceptionally cleared _____ Inactive _____ Not involved _____ U/K _____

_____ Referral for forensic evaluation: By whom _____
Name(s)/agency(ies) Date

Evaluator _____ Report sent to _____
Name Date

Forensic evaluation outcome:

Credible disclosure _____ Credible nondisclosure _____

Noncredible disclosure _____ Unclear _____

_____ Referral for forensic evaluation: By whom _____
Name(s)/agency(ies) Date

Therapist _____

1) Assessment: Yes _____ No _____ Type _____ Date _____

2) Therapy: Individual _____ Family _____ Children's group _____ NO-C/group _____

Ref/O _____
Referred to

3) Closed out (specify and include contact dates): _____

FORENSIC MEDICAL EXAM

Was medical exam conducted? Yes____ No____ Date_____

Exam conducted by whom? MD____ PNP____ RN____ Other_____
(Please specify)

Exam conducted: Onsite____ Offsite____ Location_____

____ Physical findings: Oral____ Genital____ Anal____ Other_____

Was the interview consistent with these findings? Yes____ No____

Explain_____

____ No physical findings: Was the interview consistent with these findings?

Yes____ No____

Explain_____

____ Inconclusive findings: Was the interview consistent with these findings?

Yes____ No____

Explain_____

TRIAL INFORMATION/CASE OUTCOME

Defendant _____

Victim(s) 1._____ Case#_____

2._____ Case#_____

3._____ Case#_____

Charges 1._____ 3._____

2._____ 4._____

Law enforcement_____

Officer/det._____

DFCS Inv._____ Ongoing CW_____

Arrest date_____ Magistrate judge_____ Warrant #_____

Conditional bond: Yes____ No____ No bond____ Copy in file____

Grand jury: TB/indictment____ No bill____
Date Date

Court____ State____ Superior____ Juvenile____ Other____
Specify

Judge____ Asst. District Attorney____
Phone

Victim witness contact____
Date Advocate Name Phone

Court preparation: Yes, date____ Location____

Arraignment date____ Trial date____

Plea____ Trial by jury____ Nonjury____

Guilty____ Not guilty____ Mistrial____

Hung jury____ Dead docketed____

Dismissed____ By whom____

Reason____

Disposition/sentence____

Witnesses testifying at trial (check applicable witnesses and list names):

1. ____ Interviewer (name and agency) _____;

2. ____ MD/PNP_____

3. ____ SW_____

4. ____ Child(ren)_____

5. ____ Expert witness_____

Was the child's video/audio taped interview presented at trial? Yes____ No____

If yes, without the child's personal testimony? Yes____ No____

Copy of final disposition received? Yes____ No____

Letter to Parole Board re case? Yes____ No____

St. Luke's Regional Medical Center— Prosecution Case Disposition Form

190 E. Bannock, Boise, ID

Prosecution Case Disposition

When a final disposition is made regarding this case, please return this form to the CARES Program so we can complete our case file. This information may also be used for grant reporting purposes. THANK YOU!

Child's name _____ DOB _____ Interview date and time _____

Defendant's name _____ Age _____ Sex _____ Relationship to victim _____

Charges issued

☐ No Reason _____

☐ Yes Charge _____

Court disposition

☐ Dismissed Date _____
☐ Plea Date _____

☐ Court trial Date _____
☐ Not guilty ☐ Guilty

Sentencing

☐ Jury trial Date _____
☐ Not guilty
☐ Guilty
☐ Hung jury

Sentencing judge _____

Prison Terms _____

Probation Terms _____

This information will be used only for grant reporting purposes. It will be kept strictly confidential and will not be a part of the child's permanent record. Thank you!

Prosecutor: _____

Case number: _____